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Appl. No. # 10/693,338  
Amdt. dated 2/7/2007  
OA Date 2/11/2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: <b>DWORZAN, BILL</b>	) Examiner: Fenn C. Matthew
	)
Serial No.: <b>10/693,338</b>	) Art Unit: 3764
	)
Filed: <b>10/24/2003</b>	) Attorney Docket Number: DWORZN.002A
	)
For: <b>HANDHELD GYROSCOPIC</b>	)
<b>EXERCISE DEVICE</b>	)
	)

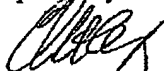
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Examiner:

In response to the Office Action mailed, please make the following amendments to the application. Applicant elects group one. The pending claims are directed toward group one. Amendment to the Claims begins on page 2 of this paper.

Respectfully submitted,

  
Clement Cheng, Esq.  
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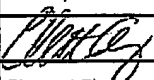
PTO/SB/21 (09-06)

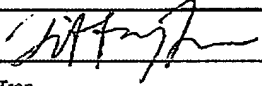
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/683,338
	Filing Date	10/24/2003
	First Named Inventor	Dworzan, Bill
	Art Unit	3764
	Examiner Name	Fern C. Matthew
	Attorney Docket Number	Dworzn.002A
Total Number of Pages In This Submission		15

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Newhope Law PC		
Signature			
Printed name	Clement Cheng		
Date	02/07/2007	Reg. No.	45463

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Tiffany Tran	Date	02/07/2007

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